

Applicants must complete Section I in duplicate. (Type or print with ink.) Forward both copies to Regional Office of Veterans Administration where disability claim is now on file.

DUTCHESS COUNTY PERSONNEL DEPARTMENT

POUGHKEEPSIE, N. Y.

AUTHORIZATION FOR DISABILITY RECORD

Veterans Administration retain one form, forward other to the Dutchess County Personnel Department.

Name
County Office Bldg.
Poughkeepsie, N. Y.

Address

Section I.

Date:

To: Manager, Veterans Administration,, New York.

I hereby authorize you to furnish the Dutchess County Personnel Dept., County Office Building, Poughkeepsie, N. Y., with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature:

Print full name here:
First Middle Last

Address:
Street City State

Veterans Administration Claim No. Service Serial No.

Examination in which preference is claimed: No.:

Section II:

Date:

Veterans Administration Claim No.:

Does veteran have a war service connected disability now in existence. Yes () No ()

Percentage of service connected disability now in existence:

Date of last medical examination:

Date of next scheduled medical examination:

Is the disability sufficiently permanent and stabilized to show that it exists at the present time to a degree of 10% or more without medical re-examination. Yes () No ()

Description of war service disability:

Adjudication Officer Signature

Regional Veterans Administration Office Address